

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☒	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN</u> <u>5505 VALLEY BELT ROAD, UNIT D</u> <u>INDEPENDENCE, OH 44131-1447</u>		1c Effective date of plan <u>01/01/1959</u>	
		2b Employer Identification Number (EIN) <u>51-0151830</u>	
		2c Plan Sponsor's telephone number <u>216-739-9489</u>	
		2d Business code (see instructions) <u>484120</u>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2020	MICHAEL ZEMLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2020	KEVIN SCHROEDER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1489
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 0 6a(2) 0 6b 578 6c 705 6d 1283 6e 179 6f 1462 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 8

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan TEAMSTERS UNION LOCAL 293 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN	D Employer Identification Number (EIN) 51-0151830	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BOSTON TRUST

04-2273811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		43068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

INDEPENDENT FIDUCIARY

13-4946705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		41301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CIUNI & PANICHI

34-1322309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		32473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

KEY CORPORATION

34-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19		28832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ELIZABETH PETERKOSKI

34-6581762

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		24370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0151830</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>27-3350609-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29384100</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EARNEST PARTNERS INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>26-4101643-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5099662</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIME PROPERTY FUND</u>		
b Name of sponsor of entity listed in (a): <u>MORGAN STANLEY</u>		
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7435329</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan TEAMSTERS UNION LOCAL 293 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN	D Employer Identification Number (EIN) 51-0151830	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	31283014	30476398
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2713510	2394062
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	4220040	5064624
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	36365254	41919091
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	16207368	17384149
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	253	0
f Total assets (add all amounts in lines 1a through 1e)	1f	90789439	97238324

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	29454	26771
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	29454	26771

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	90759985	97211553
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33913	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1460812	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1494725

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	81440	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	635609	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		717049

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9474997	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9191616	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		283381
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	934576	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		934576

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8553838
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		906410
c Other income	2c		296411
d Total income. Add all income amounts in column (b) and enter total	2d		13186390

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6423580	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6423580
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	57508	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	113201	
(4) Other	2i(4)	140533	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		311242
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6734822

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6451568
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **CIUNI & PANICHI, INC.**

(2) EIN: **34-1322309**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4240280. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0151830</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>51-0151830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **THIS PART IS NOT APPLICABLE-DISREGARD ALL INFORMATION BELOW**

b EIN **01-0000000** **c** Dollar amount contributed by employer **0**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2019**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **0.00**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	1283
b The plan year immediately preceding the current plan year	14b	1307
c The second preceding plan year	14c	1343

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	98.16
b The corresponding number for the second preceding plan year	15b	95.53

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 46.7 % Investment-Grade Debt: 15.9 % High-Yield Debt: _____ % Real Estate: _____ % Other: 37.4 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Independent Auditor's Report

Board of Trustees
Teamsters Union Local 293 Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Teamsters Union Local 293 Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits in liquidation as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits in liquidation for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Trustees
Teamsters Union Local 293 Pension Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2019 and changes therein for the year then ended, and its financial status as of December 31, 2018 and the changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2019 and of Schedule H, Line 4j – Schedule of Reportable Transactions, for the year ended December 31, 2019 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Cleveland, Ohio
July 7, 2020

Teamsters Union Local 293 Pension Plan

Statements of Net Assets Available for Benefits in Liquidation

December 31, 2019 and 2018

	<u>Assets</u>	
	<u>2019</u>	<u>2018</u>
Investments, at fair value:		
Money market fund	\$ 1,797,457	\$ 2,135,477
Common collective trusts	34,483,762	29,082,879
Equity securities	5,064,624	4,220,040
Real estate investment trust	7,435,329	7,282,375
Registered investment companies	<u>17,384,149</u>	<u>16,207,368</u>
Total investments, at fair value	66,165,321	58,928,139
Employer withdrawal liability receivable	30,471,749	31,278,365
Property and equipment:		
Office furniture and equipment	188,353	188,353
Leasehold improvements	<u>184,861</u>	<u>184,861</u>
	373,214	373,214
Less: accumulated depreciation	<u>(373,214)</u>	<u>(372,961)</u>
Property and equipment, net	-	253
Deposits	4,649	4,649
Cash	<u>596,605</u>	<u>578,033</u>
Total assets	97,238,324	90,789,439
 <u>Liabilities</u>		
Accounts payable	<u>26,771</u>	<u>29,454</u>
Total liabilities	<u>26,771</u>	<u>29,454</u>
Net assets available for benefits in liquidation	\$ <u>97,211,553</u>	\$ <u>90,759,985</u>

The accompanying notes are an integral part of these financial statements

Teamsters Union Local 293 Pension Plan

Statements of Changes in Net Assets Available for Benefits in Liquidation

For the years ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 10,681,117	\$ (2,711,659)
Interest and dividend income	<u>1,044,461</u>	<u>915,420</u>
	11,725,578	(1,796,239)
Less: investment expenses	<u>(113,201)</u>	<u>(126,388)</u>
Net investment income (loss)	11,612,377	(1,922,627)
Interest on employer withdrawal liability	1,460,812	1,540,057
Other	<u>-</u>	<u>31</u>
Total additions	13,073,189	(382,539)
Deductions:		
Pension benefits paid to participants	6,423,580	6,358,995
Administrative expenses	<u>198,041</u>	<u>183,792</u>
Total deductions	<u>6,621,621</u>	<u>6,542,787</u>
Net increase (decrease)	6,451,568	(6,925,326)
Net assets available for benefits in liquidation:		
Beginning of year	<u>90,759,985</u>	<u>97,685,311</u>
End of year	\$ <u><u>97,211,553</u></u>	\$ <u><u>90,759,985</u></u>

The accompanying notes are an integral part of these financial statements

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1: Description of Plan

The following description of Teamsters Union Local 293 Pension Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a multiemployer collectively bargained defined benefit pension plan covering individuals represented by Teamsters Local Union No. 293 (the “Local”). In addition, the Plan covers administrative personnel employed by the Local. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by a Board of Trustees. The Plan’s Board of Trustees has overall responsibility for the operation and administration of the Plan. The Plan’s Board of Trustees determines the appropriateness of the Plan’s investment offerings and monitors investment performance. Effective December 31, 2009, the Plan’s Board of Trustees declared a mass withdrawal under the provisions set forth in ERISA and terminated the Plan.

Funding Policy

The Plan was funded by employer contributions pursuant to collective bargaining agreements and a participation agreement. The contributions were designed to fund the Plan’s current service costs on a current basis and to fund the past service liabilities arising from qualifying service. Due to the mass withdrawal, employers ceased contributions to the Plan and a withdrawal liability was assessed. The Plan’s funding is achieved through investment earnings and payments of principal and interest made by employers subject to the withdrawal liability.

Pension Benefits

Participants are eligible to receive normal retirement benefits at the age of 65 and after five years of vesting service. The retirement benefit is reduced proportionately if a participant has less than 30 years of credited service at retirement.

Participants are eligible to receive an early retirement benefit at age 50 but must have 10 years of vesting service. This benefit is reduced by an actuarial equivalence, but is not reduced for participants at age 62 and after five years of vesting service.

Death Benefits

If an active or separated participant becomes deceased with a deferred vested benefit before the age of 50, and has completed 10 years of vesting service, a death benefit equal to the amount that was due to the participant under a joint survivor 50% pre-retirement annuity would be payable to the surviving spouse. If death is after the age of 50, they must have had at least five years of vesting service for the surviving spouse to receive benefits as the participant’s beneficiary.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Basis of Presentation

The Plan follows authoritative guidance issued by the Financial Accounting Standards Board (FASB), which established the FASB Accounting Standards Codification (ASC) as the single source of authoritative accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment adviser and custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Withdrawal Liability Receivable

The Plan's actuary has calculated a net withdrawal liability for each employer. The estimated net withdrawal liability owed to the Plan was \$30,471,749 and \$31,278,365 at December 31, 2019 and 2018, respectively. This amount is received from employers in monthly or quarterly installment payments.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 2: Summary of Significant Accounting Policies (continued)

Property and Equipment

Purchased property and equipment are stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives ranging from 5-10 years.

Cash

The Plan considers all highly liquid investments with original maturities of three months or less to be cash. The Plan maintains its cash account at a national financial institution. The balance, at times may exceed federally insured limits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through July 7, 2020, the date the financial statements were available to be issued.

In early calendar 2020, the world began dealing with the effects of the Coronavirus pandemic (COVID-19). Disruptions to business operations, including government mandated actions and employee, supplier and customer related challenges have impacted many businesses. The financial markets have experienced significant declines and high volatility. As a result of COVID-19, economic uncertainties have arisen affecting the Plan although the potential impact is unknown at this time.

Note 3: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The accumulated plan benefits for active participants are based on their accrued credited service as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to participant service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 3: Actuarial Present Value of Accumulated Plan Benefits (continued)

The following reflects the actuarial present value of accumulated plan benefits as of December 31, 2018:

Actuarial present value of accumulated plan benefits:	
Pensioners and beneficiaries	\$ 84,164,888
Vested participants and eligible spouses	35,758,965
Expense loading	<u>941,725</u>
Total actuarial present value of accumulated plan benefits	\$ <u>120,865,578</u>

The following reflects the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2018:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 130,766,896
Decrease during the year attributable to:	
Change in actuarial assumptions to those prescribed by the Pension Benefit Guaranty Corporation (PBGC)	(3,542,323)
Benefits paid	<u>(6,358,995)</u>
Actuarial present value of accumulated plan benefits, at end of year	\$ <u>120,865,578</u>

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2019. Had the valuation been performed as of December 31, 2018 there would be no material difference.

The significant actuarial assumptions used in the valuation as of December 31, 2018 were as follows:

- Interest rate: As prescribed in PBGC regulations for terminating plans for the applicable valuation date (first 20 years at 2.84%; after 20 years at 2.76%).
- Mortality rate: Rates published by the PBGC for December 31, 2018 under ERISA Section 4044 for healthy and disabled lives.
- Retirement age: Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected (earliest age per ERISA Section 4281.12(b)).
- Benefit election: All participants are assumed to elect the life annuity.
- Administrative expense: \$10,000 plus \$200 per vested participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 4: Plan Termination

At January 1, 2009, the Plan was certified as seriously endangered under the Pension Protection Act of 2006 (PPA). The Plan was in seriously endangered status because its funded percentage was less than 80% and a funding deficiency was projected in seven years. In accordance with the PPA, the Plan was required to either (1) adopt a "Funding Improvement Plan" aimed at improving the funded status of the Plan over a funding improvement period of up to 15 years, or (2) elect to freeze the "Zone Status" of the Plan for 2009 at the level it was assigned for 2008 (i.e., Green Zone) under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA). The Plan's Board of Trustees elected to freeze the "Zone Status" for 2009 under WRERA.

In response to the projected seriously endangered status of the Plan under the PPA for 2010 and the inability of the Local and the remaining contributing employers to reach a consensus on a plan to obtain Green Zone Status on a long-term basis, the remaining contributing employers individually decided to discontinue contributions to the Plan as of December 31, 2009. As a result, the Plan's Board of Trustees declared a mass withdrawal under the provisions set forth in ERISA and terminated the Plan effective December 31, 2009. Thereafter, the Plan's Board of Trustees agreed to amend the Plan to effectuate the Plan termination based on a mass withdrawal. The amendment, effective December 31, 2009, allowed the remaining contributing employers to withdraw from participation in the Plan.

Additional provisions of the amendment were as follows:

- (i) Effective December 31, 2009, no participant shall accrue any further benefits under the Plan. The accrued benefit for each participant shall be frozen as of December 31, 2009.
- (ii) No employer shall have any further obligation under any collective bargaining agreement or participation agreement to make any contributions to the Plan.
- (iii) No participant shall be credited with any service for employment after December 31, 2009.
- (iv) As of December 31, 2009, all participants in the Plan are vested in their accrued benefits earned as of such date and these benefits shall not be forfeited.
- (v) No participant shall earn any further years of eligibility service or further hours of service related to the Plan.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

The PBGC's guarantee of benefits in a terminated, multiemployer plan, payable as financial assistance to the Plan, only starts if and when the Plan is unable to make payments at the statutorily guaranteed levels. Whether all participants receive their benefits will depend on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations and the level of benefits guaranteed by the PBGC.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 5: Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money market fund: Valued at cost plus accrued interest, which approximates fair value.

Common collective trusts and real estate investment trust: Valued at the net asset value (NAV) of units of the trust. The NAV, as provided by the investment's trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption, the issuer reserves the right to temporarily delay withdrawal in order to ensure that securities liquidations will be carried out in an orderly manner.

Equity securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 5: Fair Value Measurements (continued)

Registered investment companies: Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2019</u>
Money market fund	\$ 1,797,457	\$ -	\$ -	\$ 1,797,457
Equity securities	5,064,624	-	-	5,064,624
Registered investment companies	<u>17,384,149</u>	<u>-</u>	<u>-</u>	<u>17,384,149</u>
	\$ <u>24,246,230</u>	\$ <u>-</u>	\$ <u>-</u>	24,246,230
Investments valued at NAV*				<u>41,919,091</u>
				\$ <u>66,165,321</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2018</u>
Money market fund	\$ 2,135,477	\$ -	\$ -	\$ 2,135,477
Equity securities	4,220,040	-	-	4,220,040
Registered investment companies	<u>16,207,368</u>	<u>-</u>	<u>-</u>	<u>16,207,368</u>
	\$ <u>22,562,885</u>	\$ <u>-</u>	\$ <u>-</u>	22,562,885
Investments valued at NAV*				<u>36,365,254</u>
				\$ <u>58,928,139</u>

* In accordance with the "Fair Value Measurement" topic of the FASB ASC, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits in liquidation.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 5: Fair Value Measurements (continued)

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2019 and 2018, respectively.

Investment	Fair Value		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2019	2018		
AFL-CIO Equity Index Fund	\$ 29,384,100	\$ 24,903,415	Daily	N/A
Earnest Partners International Fund	5,099,662	4,179,464	Daily	N/A
Prime Property Fund, LLC (a)	<u>7,435,329</u>	<u>7,282,375</u>	Daily	N/A
	<u>\$ 41,919,091</u>	<u>\$ 36,365,254</u>		

- (a) The purpose of the fund is to acquire, own, hold for investment and ultimately dispose of investments in real estate and real estate related assets with the intention of achieving current income, capital appreciation or both. The fund has elected to be treated as a real estate investment trust.

Note 6: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits in liquidation.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 7: Tax Status

The Plan obtained its latest determination letter on August 9, 2011, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 8: Related-Party and Party-in-Interest Transactions

The Local is subject to a withdrawal liability owed to the Plan. The total withdrawal liability receivable totaled \$489,953 and \$509,564 for the years ended December 31, 2019 and 2018, respectively. Interest on employer withdrawal liability earned from the Local was \$24,612 and \$25,545 for the years ended December 31, 2019 and 2018, respectively.

The Plan pays contributions to Teamsters Union Local 293 Welfare Fund (the “Welfare Fund”) in order to obtain benefit coverage for its employee. Total contributions made to the Welfare Fund during the years ended December 31, 2019 and 2018 was \$11,778 and \$11,262, respectively.

The Plan received reimbursements from the Local and the Welfare Fund for postage. Reimbursements received during the years ended December 31, 2019 and 2018 from these entities was \$4,468 and \$5,941, respectively.

The Plan received reimbursements from the Welfare Fund, Dairy Union Employees Benefit Fund, and Dairy Union Employees’ Welfare Fund for expenses incurred by the Plan’s employee in administering them. These expenses are based upon time spent by the Plan’s employee. For the years ended December 31, 2019 and 2018, the Plan received reimbursements of \$34,858 and \$34,369, respectively.

The Plan subleases space from and pays rent and common area expenses to the Local. Total rent and common area expenses paid to the Local for the years ended December 31, 2019 and 2018 was \$7,976 and \$9,108, respectively.

Future minimum rental commitments to the Plan’s sublease with the Local are as follows for the years ending December 31:

2020	\$	4,677
2021		4,677
2022		1,169

Certain Plan investments are managed by custodians of the Plan. Therefore, these investments and transactions in these investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. In addition, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 9: Administrative Expenses

Administrative expenses incurred by the Plan consisted of the following for the years ended December 31:

	<u>2019</u>	<u>2018</u>
Accounting and auditing	\$ 32,473	\$ 31,771
Actuarial and consulting	24,370	21,516
Depreciation expense	253	254
Employee benefits	11,964	11,760
Fiduciary insurance	29,445	29,445
Insurance	740	765
Legal	665	342
Office	18,373	7,585
Payroll taxes	2,053	2,054
PBGC premium	43,181	42,560
Real estate tax	430	420
Rent	4,185	5,222
Salaries	26,611	26,694
Utilities	<u>3,298</u>	<u>3,404</u>
	\$ <u>198,041</u>	\$ <u>183,792</u>

Teamsters Union Local 293 Pension Fund
Supplemental Schedule I
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
FEIN: 51-0151830, Plan No. 001
December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Money market fund:	Units		
	FEDERATED GOVERNMENT OBLIGATIONS IS	1,797,457	\$ 1,797,457	\$ 1,797,457
			1,797,457	1,797,457
	Common collective trusts:	Units		
*	AFL-CIO EQUITY INDEX FUND	1,011,383	16,220,007	29,384,100
*	EARNST PARTNERS INTERNATIONAL FUND	275,509	3,291,625	5,099,662
			19,511,632	34,483,762
	Equity securities:	Shares		
	1ST SOURCE CORP	775	32,159	40,207
	AMERICAN CAMPUS COMMUNITIES INC	825	33,126	38,800
	ANIKA THERAPEUTICS INC	775	29,382	40,184
	APPLIED INDL TECHNOLOGIES INC	925	39,966	61,688
	ATRION CORP	75	39,632	56,363
	BADGER METER INC	675	36,617	43,828
	BANK OF HAWAII CORP	800	37,178	76,128
	BANK OF MARIN BANCORP	325	13,852	14,641
	BOSTON BEER INC	125	25,623	47,231
	BRIDGE BANCORP INC	550	19,517	18,442
	BRUKER CORP	1,625	35,640	82,826
	BRYN MAWR BANK CORP	750	33,421	30,930
	CAMDEN NATL CORP	550	23,617	25,333
	CANTEL MEDICAL CORP	1,025	78,260	72,673
	CARTERS INC	450	39,706	49,203
	CHARLES RIVER LABS INTL INC	550	59,503	84,018
	CHEESECAKE FACTORY INC	1,200	56,350	46,632
	CHEMED CORP	250	35,520	109,815
	CHESAPEAKE UTILITIES CORP	675	58,855	64,918
	CHOICE HOTELS INTL INC	975	50,512	101,063
	COHEN & STEERS INC	1,200	43,964	75,312
	COHERENT INC	400	44,799	66,540
	COMMERCE BANCSHARES INC	963	32,221	65,426
	CORESITE REALTY CORP	700	30,393	79,338
	CORVEL CORP	625	37,996	54,600
	CSG SYS INTL INC	1,100	44,098	56,958
	CUBESMART	1,500	39,276	47,715
	CVB FINANCIAL CORP	2,000	37,471	43,160
	DONALDSON INC	1,625	61,429	93,633
	DORMAN PRODUCTS INC	600	17,920	45,432
	DRIL-QUIP	1,000	58,151	46,910
	DUNKIN BRANDS GROUP INC	1,100	80,826	83,094
	EATON VANCE CORP	1,650	56,893	77,039
	ENSIGN GROUP INC	900	23,182	40,833
	EXLSERVICE HOLDINGS INC	825	35,475	57,305
	FIRST HAWAIIAN INC	1,675	45,545	48,324
	FLOWERS FOODS INC	2,775	52,516	60,329
	FORWARD AIR CORP	1,025	57,946	71,699
	FRANKLIN ELEC INC	1,425	45,991	81,681
	GENTHERM INC	825	20,649	36,622
	GERMAN AMERICAN BANCORP INC	550	19,985	19,591
	GLOBUS MEDICAL INC	1,350	40,426	79,488
	HAEMONETICS CORP	375	15,259	43,088
	HAWAIIAN ELEC INDUSTRIES	1,075	35,648	50,375
	HELMERICH & PAYNE INC	1,300	54,125	59,059
	HERMAN MILLER INC	875	25,682	36,628
	HIGHWOODS PTYS INC	1,675	74,259	81,924
	HILL-ROM HOLDINGS INC	825	66,127	93,662
	HUB GROUP INC	51,025	62,830	62,830

Teamsters Union Local 293 Pension Fund
Supplemental Schedule I
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
FEIN: 51-0151830, Plan No. 001
December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	INDEPENDENT BK CORP	400	15,229	33,476
	INTERDIGITAL INC	775	42,855	42,230
	KADANT INC	400	33,911	42,136
	KORN FERRY	950	36,630	40,279
	LAKELAND FINL CORP	1,175	42,511	57,492
	LANCASTER COLONY CORP	325	41,189	52,032
	LANDSTAR SYS INC	650	48,489	74,015
	LINCOLN ELECTRIC HOLDINGS INC	850	62,900	82,637
	MANHATTAN ASSOCIATES INC	1,050	36,577	83,737
	MINERALS TECHNOLOGIES INC	1,000	47,216	57,629
	MONRO INC	800	41,067	62,559
	MORNINGSTAR INC	425	31,003	64,307
	NETGEAR INC	1,150	42,000	28,187
	NEW JERSEY RES	1,475	51,579	66,108
	NEWPARK RES INC	4,075	44,468	25,550
	NIC INC	3,625	65,000	81,019
	NORDSTORM INC	1,700	55,601	69,581
	ONE GAS INC	825	30,970	77,195
	PERFORMANCE FOOD GROUP CO	925	31,850	47,619
	POWER INTEGRATIONS INC	550	21,521	54,401
	PREMIER INC	1,375	52,036	52,085
	PROGRESS SOFTWARE CORP	1,775	66,734	73,751
	RYMAN HOSPITALITY PTYS INC	550	31,135	48,158
	SENSIENT TECHNOLOGIES CORP	1,075	72,977	71,047
	SILGAN HOLDINGS INC	2,325	64,336	72,261
	TECH DATA CORP	275	21,745	39,490
	TENNANT CO	475	27,498	37,012
	TERADATA CORP	2,000	61,676	53,540
	TEXAS ROADHOUSE INC	1,300	47,545	73,216
	TOMPKINS FINANCIAL CORP	525	34,535	48,177
	TOOTSIE ROLL INDS INC	779	27,209	26,665
	U S PHYSICAL THERAPY INC	375	20,606	42,881
	UMB FINANCIAL CORP	800	40,820	55,160
	UNIFIRST CORP MASS	450	51,537	91,004
	VALMONT INDS INC	325	42,846	48,801
	WASHINGTON FED INC	1,075	35,446	39,399
	WASHINGTON TRUST BANCORP INC	700	35,864	38,010
	WATTS WATER TECHNOLOGIES INC	750	60,340	74,820
	WILLIAMS SONOMA INC	1,000	55,403	73,440
			3,712,372	5,064,624
	Real estate investment trust:	Units		
*	PRIME PROPERTY FUND, LLC	386	3,291,625	7,435,329
			3,291,625	7,435,329
	Registered investment companies:	Shares		
	BLACKROCK STRATEGIC INCOME OPPTYS PTF	562,090	5,675,064	5,609,656
	PIMCO TOTAL RETURN FUND	930,489	9,616,561	9,621,260
	VANGUARD TOTAL INTL STK INDEX FUND	72,087	1,756,300	2,153,233
			17,047,925	17,384,149
			\$ 45,361,011	\$ 66,165,321

* Indicates a party-in interest

Teamsters Union Local 293 Pension Fund

Supplemental Schedule II

Schedule H, Line 4j – Schedule of Reportable Transactions

FEIN: 51-0151830, Plan No. 001

For the year ended December 31, 2019

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series transactions: KeyBank	Federated Government Obligations IS 205 Purchases 76 Sales	\$ 7,682,451	\$ — 8,020,539	\$ — —	\$ — —	\$ 7,682,451 8,020,539	\$ 7,682,451 8,020,539	\$ — —